



MARYLAND DEPARTMENT OF NATURAL RESOURCES
LICENSING & REGISTRATION SERVICE
APPLICATION FOR REPLACEMENT OR CORRECTED
CERTIFICATES OF TITLE OR REGISTRATION
AND REPLACEMENT DECALS

Vessel# _____

Name of Owner: _____
First Middle Last

Owners Mailing Address _____
Street Address City State Zip Code

Owner Driver's License# _____ Date of Birth _____

Name(s) of Co-Owner(s) _____
First Middle Last

Co-Owner(s) Mailing Address _____
Street Address City State Zip Code

Co-Owner(s) Driver's License # _____ Date of Birth _____

Name & Address of 1st secured party (Lien holder): _____

CHECK ITEMS REQUESTED AND WRITE IN THE FEES		
ITEMS	FEE	AMOUNT
<input type="checkbox"/> Certificate of Title Replacement <input type="checkbox"/> Certificate of Title Corrected	\$2.00	
<input type="checkbox"/> Registration Card Replacement <input type="checkbox"/> Registration Card Corrected	\$2.00	
<input type="checkbox"/> Replacement Decals	\$1.00	
Please remit your total due _____	_____	

State the reason for this application - _____

If applying for corrected title or registration, write the corrections below:

As owner(s) of the vessel described above, I/we certify under penalty of perjury that the information given is true and correct to the best of my/our knowledge, information and belief.

Signature and date

Signature and date

If the vessel is jointly owned, this application must be signed by each party. If the applicant is a partnership or corporation this form must be signed by an officer and the signature must include his/her official capacity.

Department use only. Do not write below this line.

INSTRUCTIONS

1. Complete the following:
Vessel Number, name of owner and co-owner, complete address, driver's license number, date of birth and name and address of the first secured party, if applicable.
2. Indicate the items requested by checking the appropriate boxes. Complete the "Amount" column.
3. If the application is for a corrected certificate of title or registration, check the appropriate box and describe the corrections in the space provided. Attach the incorrect Certificate of Title. Other supporting documents may be required. Please contact one of the Regional Service Centers below.
4. If you are reporting an incorrect Hull Identification Number, you MUST provide a pencil tracing of the number.
5. If the application is for a replacement title and the original is recovered, the original must be surrendered immediately.
6. Make check or money order payable to the Department of Natural Resources. DO NOT MAIL CASH.
7. To record a Security Interest on the vessel, or to record the assignment of an existing Security Interest, use form number DNR B-208.

Your application may be forwarded to any of the following Service Centers.
Business Hours: 8:30 – 4:30 Monday – Friday (except State holidays)

Annapolis Service Center 580 Taylor Ave., C-1, PO Box 1869 Annapolis, MD 21404-1869 410-260-3220 410-260-8217 (fax) 1-866-344-8889 *	Eastern Service Center 201 Baptist Street, Salisbury, MD 21801 410-713-3840 410-713-3849 (fax) 1-866-812-1678 *
East Central Service Center 120 Broadway Ave., Suite 5 or 6 Centreville, MD 21617 410-819-4100 410-819-4110 (fax) 1-866-439-1708 *	Central Service Center 2 S. Bond Street Bel Air, MD 21014 410-836-4550 410-836-4562 (fax) 1-866-623-3187 *
Western Service Center 3 Pershing Street, Room 103 Cumberland, MD 21502 301-777-2134 301-777-5865 (fax) 1-866-679-0906 *	Southern Service Center 6904 Hallowing Lane Prince Frederick, MD 20678 410-535-3382 410-535-4737 (fax) 1-866-688-3823 *
Dundalk Service Center 7701 Wise Ave. Baltimore, MD 21222 410-284-1654 410-284-3505 (fax) 1-866-535-8319 * Walk in only Mon., Wed. & Fri. ONLY	* New toll-free numbers are available at all Service Centers for toll-free calling within Maryland.